



Hospital Fiscal Report  
 State Form 49520 (R2 /7-02)  
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: **COMMUNITY HOSPITAL SOUTH**  
 City of Hospital: Indianapolis  
 Year Begin: 01/01/2018 (mm/dd/yyyy format)  
 Year End: 12/31/2018 (mm/dd/yyyy format)  
 Person Completing the Report: Paul Klassen  
 Email Address: pklassenii@ecommunity.com  
 Medicare Provider Number: 15-0128

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue		2. Deductions From Revenue	
Inpatient Patient Service Revenue	\$450662104	Contractual Allowance	\$651957109
Outpatient Patient Service Revenue	\$483306429	Other Deductions	\$5139026
Total Gross Patient Service Revenue	\$933968533	Total Deductions	\$657096135

3. Total Operating Revenue	
Net Patient Service Revenue	\$276872398
Other Operating Revenue	\$3443330
Total Operating Revenue	\$280315728

4. Operating Expenses			
Salaries and Wages	\$62147459	Employee Benefits	\$14518172
Depreciation and Amortization	\$8758497	Interest Expense	\$460464

Bad Debt	\$8566175	Other Expenses	\$117949316
Total Operating Expenses	\$212400083		

#### 5. Net Revenue and Expenses

Excess Revenue over Expenses	\$67915645	Total Assets	\$540137015
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$1989107
Total Net Gains	\$67915645		

#### Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$424133145	\$346460663	\$77672482
Medicaid	\$163699208	\$133483097	\$30216111
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$346136180	\$177152374	\$168983806
Total	\$933968533	\$657096134	\$276872399

#### Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

#### Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss

Research	\$0	\$0	\$0
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Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$0
Number of Hospital Patients Educated	\$0
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$5139026
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1017522	
HCI Payments	\$0		
Subtotal	\$0	\$1017522	\$-1017522
Medicaid Shortfalls	\$30216111	\$43958443	
Subtotal	\$30216111	\$44975965	\$-14759854
DSH Payments	\$0		
Subtotal	\$30216111	\$44975965	\$-14759854
Medicare Shortfalls	\$77672482	\$83978363	
Other Government Programs	\$0	\$0	
Total	\$107888593	\$128954328	\$-21065735

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$0	\$0	\$0

Comments

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